

PTO/SB/00 (11-04)

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24738

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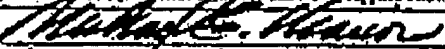
Assignee Name and Address:

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SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

| | | | |
|-----------|---|-----------|----------------|
| Signature |  | Date | 02 FEB 2005 |
| Name | Michael E. Marion | Telephone | (914) 333-9637 |
| Title | Authorized Representative | | |

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